

ATTACHMENT A - PUBLIC RECORD REQUEST RESPONSE FORM

Office of the Governor
State Capitol, 600 Dr. Martin Luther King, Jr. Blvd.
Nashville, TN 37243

DATE: April 30, 2019

REQUESTOR'S NAME & CONTACT INFORMATION: Kent Hoover
71946-97675093@requests.muckrock.com

In response to your records request received on April 21, 2019, our office is taking the action(s) indicated below:

The public record(s) responsive to your request will be made available for inspection:

Location: _____

Date & Time: _____

Copies of public record(s) responsive to your request are:

Attached;

Available for pickup at the following location:

_____ ; or

Being delivered via: USPS First-Class Mail Electronically Other _____

Your request is denied on the following grounds:

Your request was not sufficiently detailed to enable identification of the specific requested record(s). You need to provide additional information to identify the requested record(s).

No such record(s) exists or this office does not maintain record(s) responsive to your request.

No proof of Tennessee citizenship was presented with your request. Your request will be reconsidered upon presentation of adequate proof of Tennessee citizenship.

You are not a Tennessee citizen.

The following state, federal, or other applicable law or exemption prohibits disclosure of the requested records:

_____.

Failure to pay.

It is not practicable for the records you requested to be made promptly available for inspection and/or copying because:

It has not yet been determined that records responsive to your request exist; or

The office is still in the process of retrieving, reviewing, and/or redacting the requested records.

The time reasonably necessary to produce the record(s) or information and/or to make a determination of a proper response to your request is: May 7, 2019

[] The estimated total cost of your request is at least \$100.

Type of Charge	Estimated Cost
Copies: _____ pages at _____ per page	\$ _____
Labor: _____ hours* at _____ per hour	\$ _____
Other:	\$ _____
TOTAL ESTIMATED COST	\$ _____

*The number of hours has been reduced by one to account for the first hour of labor performed by the highest paid employee that contributes to processing the request, for which there is no charge.

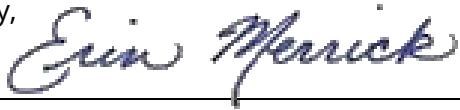
[] A deposit of \$ _____ is required before this Office will be processing your request. Acceptable payment forms include _____. Please remit payment to the following address by _____.

Office of the Governor
Attn: Executive Assistant, Legal Office
State Capitol, 600 Dr. Martin Luther King, Jr. Blvd.
Nashville, TN 37243

Failure to timely pay will result in the denial of your request.

If you have questions regarding your request, please contact the Public Record Request Coordinator.

Sincerely,



Public Record Request Coordinator